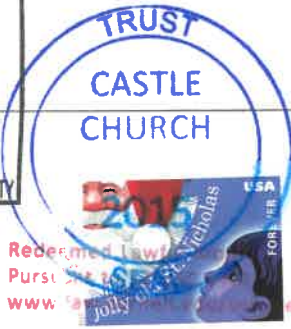


|  |   |  |
|--|---|--|
| <div style="text-align: center;"> <div>FILED      LODGED</div> <div>RECEIVED</div> <div>JAN 22 2021</div> </div> |   |  |
| United States Treasury<br>city of Washington, District of Columbia<br>1500 Pennsylvania Avenue NW 20220          | CLERK U.S. DISTRICT COURT<br>WESTERN DISTRICT OF WASHINGTON AT TACOMA<br>DEPUTY |  |
| Re: The Redemption of Several Suitors<br><br><i>On and for the behalf of the</i><br>UNITED STATES                |   |  |
| 16-cv-5520<br><b>TRUE BILL - MULTIPLE CLAIMS</b>   |   |  |

**COMES NOW**, David Merrill of the VAN PELT family and several Redeemed Claimants; suitors according to the 'saving to suitors' clause' of 1789. Demand is made for redemption of central banking currency in Lawful Money in all transactions pursuant to Title 12 USC §411 and §16 of the Federal Reserve Act. Service to the agent is service to the principal and vice versa.

The law reads, "They shall be redeemed in lawful money on demand at the US Treasury...". Leaving the suitors outside the scope of the Federal Reserve Act and US Banker Code, according to remedy granted by Congress. However various agents are dodging judicial bonding with deviant oaths of office and appear to be protecting the 'status quo' by lumping the remedy provided by Congress into a category of tax filing - a broad swipe presumption, *Frivolous Tax Arguments*. Additionally the War is Over with earmarks being noted in the outline below. Evidence repositories bristle with evidence that administrative remedy is exhausted and that there is no federal or state judiciary that stands in honor.

Since 2004 and originating in Colorado state district courts judges only pretend to be judicial by dodging bonding obligations through deviations in the oath of office process. This is fraud by omission to behave as though business is as usual in *One Form of Action* while there is

no judicial oversight. As a result redeemed people have collected claims in the USDC at Albany, New York and accordingly to the "So help me God" clause appended ad lib by George WASHINGTON and Robert LIVINGSTON - Mason Bible at St John's Lodge, April 30th, 1789. The same Judiciary Act supplies the federal judge oath of office in proper English while all but William Hobbs REHNQUIST and Brett Michael KAVANAUGH have altered the fidelity bond, "SO HELP ME GOD." Verification of KAVANAUGH witnessing reveals trickery and dishonor, breach of trust. Recently it appeared that Steven Leon BERNARD the chief justice of the Colorado Court of Appeals was the only judicial oversight in administrative law but when push came to shove he had entered into collusion in the same style that former State Attorney General John William SUTHERS did, by filing a proper oath in the last hour. This creates a delusion of de facto authority through misuse of case law that says when a flaw is pointed out and the officer immediately corrects it, there is no disruption in immunity and authority. So in at least two instances judicial officers will keep misbehaving until pressed on the record and rely upon SCOTT and STANLEY case law to create the illusion of de facto authority.

Territorial Governor William GILPIN issued script in Colorado to pay Union soldiers and this developed into the fiat currencies of the United States - the Greenback and the US note. So the outlined events play a collateral and intertwined theater of war, coordinated with the 1917 Trading with the Enemy Act on the federal US Treasury level that enfranchises the central bank obligations to settle all these accounts; even those transactions with the various state revenue agencies. As Principal, Steven Turner MNUCHIN (Janet Louise YELLEN) is obligated and expected to contact state IRS and other revenue agents to stop, cease and desist paper badgering.

A quick summary of evidence milestones should quickly convince Steven Turner MNUCHIN (Janet Louise YELLEN) that a quick and square settlement is in order to preserve

the honor of the United States and that this billing is on and for the behalf of the United States.

Outlined here is a true bill of indictment demonstrating that hearings in a proper judicial setting and the spirit of lien on Mr. MNUCHIN (Janet Louise YELLEN) in his personal capacity (Rule B(1)(c)) will settle any challenge these bills quickly through a comprehensive (Rule E(4)(f)) hearing. Court review is impracticable:

*Rule B(1)(c) If the plaintiff or the plaintiff's attorney certifies that exigent circumstances **make court review impracticable**, the clerk must issue the summons and process of attachment and garnishment. The plaintiff has the burden in any post-attachment hearing under Rule E(4)(f) to show that exigent circumstances existed.*

In light of the facts Steven Turner MNUCHIN (Janet Louise YELLEN) as Secretary of the Treasury and also as the US Governor for the International Monetary Fund - United Nations has no judicial or sovereign immunity from personal lien, precisely because there is no judicial review. The following outline is limited to demonstrating that all administrative and judicial remedy has been exhausted. In an overall indictment of general bond-dodging these succinctly outlined points stand out in the spirit of any E(4)(f) hearing.

1) Colorado oath deviations

a) Initial collusion

i) Bond dodging by John William SUTHERS

(1) As Fourth Judicial District Attorney

(a) Certificate of Fact SUTHERS has no oath on file to be seated as state district attorney.

(2) As Attorney General

(a) Tardy oath in deviant form when the Secretary was pressed for a similar certificate of fact, and collusion is by witness Mary J. MULLARKEY then Chief Justice of the Colorado Supreme Court.

(3) Correcting upon leaving Office to become Mayor of Colorado Springs

(a) In the last hours of being State Attorney General John William SUTHERS swears out an oath that is in proper form and also bordered like a financial instrument. (Correcting per SCOTT and STANLEY after intentionally running a vacant office for his entire term. This included dissolving THE STATE OF COLORADO CAPITAL FINANCE CORPORATION to avoid payment of my \$20M lien.)

2) Rectification of Judiciary

a) General assembly legislates correction of form of oath in 2018 HR 1138

i) The Bill itself proves that following Form of Oath is important in law

ii) Secretary of State will not enforce by returning variant oaths for correction whatever the variation from form

iii) Secretary of State refuses to do business with jailed Patrick Neill's father

Francisco MORENO - refusing to provide oaths of trial judges *even before the COVID-19 pandemic*

3) SCOTT and STANLEY case law misuse - an administrative officer acts for years with a faulty oath and corrects it to preserve de facto authority when under the gun about bonding

a) SUTHERS *corrects* the *de facto* misdeed by correcting his oath before leaving office - twice; once as district attorney and then as state attorney general

- b) SUTHERS dissolves his evidence and money laundering operations - STATE OF COLORADO CAPITAL FINANCE CORPORATION to avoid settlement of my \$20M claim
  - c) Colorado Court of Appeals chief judge Steven Leon BERNARD replaces Patrick's appeal tribunal in the last hour presumably conforming to HR-1138 but the Secretary will not do business, using COVID-19 as an excuse to completely shut down
  - d) Secretary of State fails throughout, to enforce general assembly lawful form of oath
    - i) Form of Oath prior to 2018
    - ii) Form of Oath current
    - iii) Kirk Stewart SAMELSON - Chief State District Judge early oaths conformed to law, but then are deviant from the constitution and statute when faced with my \$20M billing
    - iv) Billing for \$20M seems to have spurred a pandemic of deviant oaths of office in Colorado through Attorney Myopia; judges quit reading the oaths before signing, and often swearing out new oaths midterm
    - v) David A. GILBERT resumed case upon recusal of SAMELSON and the GILBERT early oaths conformed to law, but then are deviant from the constitution and statute
- (1) Steven Leon BERNARD - Finally! Judicial Oversight
- (a) Assigns bond dodging tribunal - revealed
  - (b) Swaps out disqualified tribunal for a new tribunal in the last hour
  - (c) No Secretary of State enforcement of New Form of Oath in sight!

- (i) Secretary of State shut down for oath business due to COVID-19 pandemic will not provide oaths for the new and last minute tribunal
- (ii) Known and planned mailing delays in the corrections system ran the appeal response clock before Patrick Neill knew about the new tribunal panel

4) Federal judge oath deviations

a) SO HELP ME GOD is CODE

i) Court of Federal Claims

- (1) Victor WOLSKI 15-cv-1415 Doc 9 Page 2 admits his oath of office is deviant in form

b) Brett Michael KAVANAUGH and Mentor William Hobbs REHNQUIST

i) Albany Remand - seeking judicial oversight

- (1) Doc 103 KAHN 3 pages attached; in collusion with mail tampering shuts evidence repository down

ii) Peculiar witness signatures

- (1) John Glover ROBERTS has a deviant oath of office
- (2) Anthony McCleod KENNEDY witnesses KAVANAUGH judicial oath with scratches that look like KAVANAUGH signed it - while John Glover ROBERTS signed the KAVANAUGH administrative oath
- (a) John Glover ROBERTS probably has a deviant oath of office, and therefore was outside the scope of authority to sign the KAVANAUGH oath but the Department of Justice refuses to provide the ROBERTS oath, while quickly providing the KAVANAUGH oath

- (b) The Department of Justice defaults and mail tampering delaying and diverting even Registered Mail process portray collusion to systematically conceal that the nature of judiciary has always been central bank agency with the federal judges especially being tellers
- (c) Court review at both state and federal levels, for redeemed men and women is impracticable

5) Evolution of IRS Form Letters around redemption demands

- a) Salvador MENDOZA USDC Eastern Washington 18-cv-53, deviant oath and shill opinion - Doc 14
  - i) Form 105C now encourages filing suit - in USDC or Court of Federal Claims - both forums are bereft of any bonding

6) Denise Elizabeth's *Letter of Forgiveness* in order to acquire dual citizenship and rescue her family from systematic white genocide in South Africa

- a) Registered Mail allegedly a very secure mailing method
  - i) Manual DMM 503 clarifies
- b) Postal Investigator reports in flippant dishonor that the letter was diverted to Miami (US Customs) and then went to Central America. Global tracking states that there will be no more reporting. Registered Letter #RB282221117US reports quite strangely, "This is the final status. Carrier doesn't provide further tracking updates."

7) Richard James - Maryland USDC blatant dishonor over \$49

- a) 2012 evidence dumpster MD USDC 12-mc-484

- b) Chief *Judge* James Kellehar BREDAR goes silent rather than dump the filing in the dumpster but will not mail it returned, or refunded. Monumental Process Service has provided photos and an affidavit of filing with \$49 USPS money order
- c) Administrative remedy for all cases in the dumpster is USDC is admission that the USDC is run in administrative law. American Jurisprudence 2d makes clear that the 'government in miniature' cannot exist absent judicial oversight.
- d) On January 5, 2021 Richard Douglas BENNETT disposed of Richard James' papers in the dumpster at Doc 47. The Department of Justice will not provide the BENNETT oath of office and the professionally filed paper have never arrived back to Richard James or Monumental Process Service according to the alleged court order. Irregular process is becoming typical when it obscures the true nature of America's judiciary.

In several instances critical process of redemption is thwarted by tampering with Registered Mail in collusion between the Department of Justice, the US Postal Service and USDC Clerks and "Judges" all acting like bank tellers for the US Central Bank, the Federal Reserve. The mail fraud increases as this billing is perfected as though the Department of Justice, the US Postal Service Inspectors and the clerks and judges of the USDC are in collusion to thwart process. Judicial review is completely impracticable as described in Rule B(1)(c) - Ergo this is a True Bill.

Steven Terner MNUCHIN (Janet Louise YELLEN) as Secretary of the Treasury and as US Governor for the International Monetary Fund is responsible for managing the endorsement of private credit as well as redemption from the rigors of central banking, as provided by law. Security and confidence building measures dictate that this settlement must be executed plain and swift. The release of falsified charges in ideals of highly compressed information



infrastructures compelling such absurdities like debt is sustainable must be managed carefully in order to avoid macroeconomic implosion. Therefore to maintain honor of the United States in light that the Trading with the Enemy Act has been Omitted from the Bankers' CODE, fair central banking adjustments must be made in accounting to settle these debts.

My signature means that this True Bill and outline is truthful and supported by direct testimony from state and federal *officials*, bonded or not. I sign under penalty of perjury in any properly bonded court of competent jurisdiction that the aforesaid is correct and true.



Redeemed Lawful Money  
Pursuant to 12 USC §411  
[www.law.cornell.edu/uscode/](http://www.law.cornell.edu/uscode/)

\_\_\_\_\_  
Trustee of the Resulting Trust

State of WA  
County Of King

I certify that I know or have satisfactory evidence that DAVID MERRILL is/are the person who appeared before me, and signed and sworn on Jan. 19, 2021 (date).

Aldwin P. Torres  
Signature Notary Public

Oct. 1, 2021  
Commission Expires



# STATE OF WASHINGTON

DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION

THIS CERTIFIES THAT THE PERSON OR BUSINESS NAMED BELOW IS AUTHORIZED AS A



NOTARY PUBLIC APPOINTMENT

ALDWIN P TORRES

169220

License Number

10/01/2017


Issued Date

10/01/2021

Expiration Date

  
Jay Inslee, Governor

  
Kim Wyman, Secretary of State

  
Pat Kohler, Department of Licensing

## **PROCESS**

This billing is being mailed to Melvin CAHOON at Rock Solid Process Service with \$200 cash so to serve it upon and file it into Case #16-cv-5520 USDC Washington. Upon publication that pdf file is mailed to:

Steven Terner MNUCHIN  
(Janet Louise YELLEN)  
Secretary of the Treasury US  
US Governor for the IMF  
1500 Pennsylvania Avenue NW  
city of Washington, District of Columbia. 20220

Registered Mail #

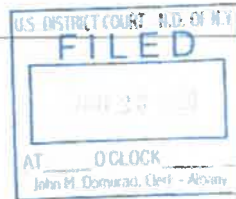
To avoid sales call harassment and identity theft a final address list of the twenty-four suitors is sent to Rock Solid, in a second mailing, who will include the addresses to the US Treasury with the published pdf printout.

It is suggested that Rock Solid employ Monumental Process Service in Maryland for the service of process on MNUCHIN as US Governor for the International Monetary Fund. This may facilitate adjustments to Special Drawing Rights, the IMF Trust Fund as required.

RE 285 186 927 US

United States District Court for the  
District of New York - Albany  
James T. Foley U.S. Courthouse  
Suite 509; 445 Broadway  
Albany, NY 12207

Garnishments in USDC DC  
On and for the behalf of the  
UNITED STATES



[18-mc-7 In re: David Merrill]



**Joinder and  
ASSISTANCE TO unnumbered DoJ INVESTIGATION**

**COMES NOW**, David Merrill of the family VAN PELT and Redeemed. Demand is made for redemption of central banking currency in Lawful Money in all transactions pursuant to Title 12 USC §411 and §16 of the Federal Reserve Act. Service to the agent is service to the principal and vice versa. The integrated Refusal for Cause on the Department of Justice hereafter "DoJ" Letter entitled "Re: Investigation of Federal Violations Pertaining to Jonathan Michael" dated January 6, 2020 is not to offend the attorneys at the Department of Justice (DoJ). Prudence dictates that the Letter be refused for cause timely rather than to just be returned. The writing, "Refusal for Cause" across the Letter/Presntment is written from Jonathan Dean's hand and the original Letter/Presntment refused for cause is be mailed to the US Treasury/MNUCHIN with this published pdf file with the mailings listed below.

Dear Clerk of Court;

This document is to joinder Jonathan Dean of the MICHAEL family into this Albany Remand of garnishments albeit his action of garnishment is preventive and preemptive. Jonathan Dean has been redeeming lawful money since 2014 and is thoroughly educated about his right to be redeemed and demand lawful money redemption.

The memorandum attached and fully integrated serves the purpose of establishing a pattern of behavior showing the Department of Justice in collusion with the racketeering and criminal syndicalism. Already established is how in the opinion of the Department of Justice certain oaths may be disclosed to inquiring suitors joindered in this Albany Remand while the key important oaths are not. While most of the exhibits demonstrate the point from previous

Albany Remand entries a more poignant point about DOJ mischief is demonstrated by the reversal of delivery worthy of reporting to a postal inspector. The Return Receipt card shows completion of delivery to the Department of Justice while online tracking demonstrates how it is optional for the same Department of Justice to retrieve mail from the USPS.

There are twenty or so claimants joindered into this Albany Remand all on and for the behalf of the United States. Risk management and security and confidence-building measures for global central banking, interested parties have keen interest in knowing how bond-dodging among literally all the federal judges exacerbates mischievous behaviors. The release of highly compressed information infrastructures creating the delusion debt can function sustainably as basis for currency must be carefully regulated in order to maintain stable global civil infrastructure.

Refusal for Cause is issued upon the Department of Justice as the federal judiciary is reduced to vacant offices for bank tellers in administrative law without any judicial oversight.

According to the rule of law the clerk of court shall issue garnishment on the US Treasury to settle these claims. Remedy prescribed by Congress in 1913 should be honored, as well as the rules of court in admiralty. Here is a summary of claims:

*The amount now due may be calculated within the Albany Remand by claim forms. "Pay to: David Merrill or David Merrill VAN PELT" by Treasury Check for \$20,000,000.00 sent to David Merrill c/o UPS Store #6046, 720 N 10th St; STE A, Renton, Washington. 98057 and:*

1. Longino Idrogo Doc 1, Page 23
2. Troy Lee Doc 1, Page 35
3. Craig Steven Doc 1, Page 39
4. Kevin Brian Doc 1, Page 54
5. Karl Nelson Doc 1, Page 65
6. Mark Christopher Doc 1, Page 73
7. Denise Elizabeth Doc 1, Page 75
8. Michael Holman Doc 1, Page 81
9. Christopher Jonathan Doc 4, Page 1
10. Scott Robert Doc 6, Page 2
11. Rickie Eugene Doc 11, Page 1
12. Luis Alberto Doc 12, Page 23
13. John-Paul Albano Doc 18, Page 4
14. Patrick Neill Doc 30, Page 13
15. Amanda Joy Doc 33, Page 8
16. Michael Paul Doc 38, Page 4

- 17. Steven Walter Doc 51, Page 11
- 18. Kelly Lynn Doc 68, Page 6
- 19. Leith Suzanne Doc 82, Page 9

Redeemed Lawful Money  
Pursuant to 32 USC 8433  
[www.law.cornell.edu/uscode/32/8433.html](http://www.law.cornell.edu/uscode/32/8433.html)

PENDRAGON

TERITORY  
1861



STATE  
1876



Additionally joindered are Leith Suzanne (Doc 82, Page 11 of 50), Thomas Edward (Doc 85, Page 3 of 58) John Pace' (Doc 88, Page 7 of 15) and Jonathan Dean (Doc 103, Page 8 of 33).

**BILLING OF CLAIMS**

Mail the \$20,000,000.00 US Treasury check to David Merrill at:

David Merrill  
720 N 10th St; STE A  
Renton, Washington. 98057





### ARTICLE III - PURPOSES

The purposes for which the corporation is organized are as follows:

(a) To acquire by purchase, lease or otherwise, interests in real or personal property, or any combination thereof, to construct or install improvements, and to lease or otherwise convey interests in real or personal property or improvements or any combination thereof to the State of Colorado (the "State")

(b) To borrow money, to become indebted, and to execute and deliver bonds, notes, or debentures or other securities, instruments or obligations for the purposes of acquiring such interests in real or personal property, constructing or installing such improvements, or any combination thereof, and for such other purpose or purposes as may be



For this Record...  
Filing history and documents  
File a form  
Subscribe to email notification  
Unsubscribe from email notification

Business Name  
Business Information  
Business Search

\*AQ's, Glossary and Information

#### Summary

| Details                          |   |                  |                       |
|----------------------------------|---|------------------|-----------------------|
| Name                             | STATE OF COLORADO CAPITAL FINANCE CORPORATION, Dissolved October 18, 2010 |                  |                       |
| Status                           | Voluntarily Dissolved   | Formation date   | 03/03/1929            |
| ID number                        | 15361011067   | Form             | Nonprofit Corporation |
| Periodic report month            | August  | Jurisdiction     | Colorado              |
|                                  |   | Term of duration | Perpetual             |
| Principal office street address  | 1525 SHERMAN STREET 7th Floor, DENVER CO 80203, United States             |                  |                       |
| Principal office mailing address | 1525 Sherman St. 7th Fl. Denver, CO 80203, United States                  |                  |                       |

[Filing history and documents](#)

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[File a form](#)

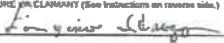
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Longino Idrogo

| CLAIM FOR DAMAGE,<br>INJURY, OR DEATH   |                               | INSTRUCTIONS: Please read carefully the instructions on the<br>reverse side and supply information requested on both sides of this<br>form. Use additional sheet(s) if necessary. See reverse side for<br>additional instructions. |  | FORM APPROVED<br>OMB NO.<br>1105-0008  |  |
|---|-------------------------------|--|--|--|--|
| 1. Submit To Appropriate Federal Agency:  |                               |  |  | 2. Name, Address of claimant and claimant's personal representative, if<br>any. (See instructions on reverse.) (Number, Street, City, State and Zip<br>Code)<br>Longino Idrogo |  |
| 3. TYPE OF EMPLOYMENT<br><input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN  | 4. DATE OF BIRTH<br>- - - - - | 5. MARITAL STATUS<br>Divorced  | 6. DATE AND DAY OF ACCIDENT<br>n/a   | 7. TIME (A.M. OR P.M.)<br>n/a  |  |
| 8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the<br>place of occurrence and the cause thereof. Use additional pages if necessary.)<br>Item #3<br>above is disability related claim<br>The claim is bad behavior by a professional clerk of court.<br>Attachment #1 shows the detailed facts of this claim<br>Attachment #2 shows my economic losses (damages) through my mailing and postages fees lost in this unlawful court proceedings from May 15, 2013 to 17 of<br>January 2018. my fee for my labor is \$200.00 per hour, total fees for the same May 15, to Jan 17, 2018 is \$5000.00. |                               |  |  |  |  |
| 9. PROPERTY DAMAGE  |                               |  |  |  |  |
| NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code)   |                               |  |  |  |  |
| BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED.<br>(See instructions on reverse side.)<br>please see attachment 1 for details for total damages \$5,231.37 damages. attachment # 2 for postage and mailings spending losses.   |                               |  |  |  |  |
| 10. PERSONAL INJURY/WRONGFUL DEATH  |                               |  |  |  |  |
| STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF<br>INJURED PERSON OR DECEDENT.  |                               |  |  |  |  |
| 11. WITNESSES   |                               |  |  |  |  |
| NAME  |                               | ADDRESS (Number, Street, City, State, and Zip Code)  |  |  |  |
|   |                               |  |  |  |  |
| 12. (See instructions on reverse.) AMOUNT OF CLAIM (in dollars)   |                               |  |  |  |  |
| 12a. PROPERTY DAMAGE<br>5,231.37  | 12b. PERSONAL INJURY          | 12c. WRONGFUL DEATH  | 12d. TOTAL (Failure to specify may cause<br>forfeiture of your rights.)<br>5231.37 |  |  |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN<br>FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM   |                               |  |  |  |  |
| 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)<br>   |                               | 13b. Phone number of person signing form   | 14. DATE OF SIGNATURE<br>03.23.2016  |  |  |
| CIVIL PENALTY FOR PRESENTING<br>FRAUDULENT CLAIM<br>The claimant is liable to the United States Government for the civil penalty of not less than<br>\$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained<br>by the Government. (See 31 U.S.C. 3729.)   |                               | CRIMINAL PENALTY FOR PRESENTING FRAUDULENT<br>CLAIM OR MAKING FALSE STATEMENTS<br>Fine of not more than \$10,000 or imprisonment for not more than 5 years or both.<br>(See 18 U.S.C. 287, 1001.)                                  |  |  |  |

05-109

MBN 7840-00-634-0046

STANDARD FORM 93  
PRESCRIBED BY DEPT. OF JUSTICE  
78 CFR 14.2

Troy Lee

| CLAIM FOR DAMAGE,<br>INJURY, OR DEATH   |  | INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions. |  | FORM APPROVED<br>OMB NO. 1105-0008 |                                  |
|---|--|---|--|------------------------------------|----------------------------------|
| 1. Submit to Appropriate Federal Agency:  |  |   | 2. Name, address of claimant, and claimant's personal representative if any.<br>(See instructions on reverse.) Number, Street, City, State and Zip code.<br><br>Troy Lee |                                    |                                  |
| 3. TYPE OF EMPLOYMENT<br><input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN  |  | 4. DATE OF BIRTH  | 5. MARITAL STATUS  | 6. DATE AND DAY OF ACCIDENT        | 7. TIME (A.M. OR P.M.)           |
|   |  |   | Single   | N/A                                | N/A                              |
| 8. BASIS OF CLAIM (State in detail the facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).<br><br>Claim is based on failure to fully disclose liability associated with private credit endorsement. Financial damages have resulted due to time invested in process & procedures of lawful money demand and redemption. Personal injury has occurred due to stress, including but not limited to anxiety, insomnia, and loss of appetite. |  |   |  |                                    |                                  |
| 9. PROPERTY DAMAGE<br>NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).<br><br>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.<br>(See instructions on reverse side).  |  |   |  |                                    |                                  |
| 10. PERSONAL INJURY/WRONGFUL DEATH<br>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.   |  |   |  |                                    |                                  |
| 11. WITNESSES<br>NAME ADDRESS (Number, Street, City, State, and Zip Code)   |  |   |  |                                    |                                  |
|   |  |   |  |                                    |                                  |
| 12. (See instructions on reverse.) AMOUNT OF CLAIM (in dollars)   |  |   |  |                                    |                                  |
| 12a. PROPERTY DAMAGE<br>\$200,000   |  | 12b. PERSONAL INJURY<br>\$160,000   |  | 12c. WRONGFUL DEATH<br>\$100,000   |                                  |
| 13d. TOTAL (Failure to identify may cause forfeiture of your rights)<br>\$560,000   |  |   |  |                                    |                                  |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.   |  |   |  |                                    |                                  |
| 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side)<br>Troy Lee   |  |   | 13b. PHONE NUMBER OF PERSON SIGNING FORM<br>800-555-4444   |                                    | 14. DATE OF SIGNATURE<br>5-21-18 |
| CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM<br>The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729)   |  |   | CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS<br>Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)                                   |                                    |                                  |

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NSN 7548-00-034-0046

STANDARD FORM 95 (REV. 2/2007)  
PRESCRIBED BY GSA, GEN. REG. NO. 27  
29 CFR 14.2

Craig Steven

| CLAIM FOR DAMAGE,<br>INJURY, OR DEATH  |                  | INSTRUCTIONS: Please read carefully the instructions on the<br>reverse side and supply information requested on both sides of this<br>form. Use additional sheet(s) if necessary. See reverse side for<br>additional instructions. |  | FORM APPROVED<br>OMB NO 1105-0003   |  |
|--|------------------|--|--|---|--|
| 1. Submit to Appropriate Federal Agency  |                  | 2. Name, address of claimant, and claimant's personal representative if any<br>(See instructions on reverse) Number Street City, State and Zip code<br><i>Craig Steven</i>   |  |   |  |
| 3. TYPE OF EMPLOYMENT<br><input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN   | 4. DATE OF BIRTH | 5. MARITAL STATUS<br><i>Married</i>  | 6. DATE AND DAY OF ACCIDENT<br><i>1/14</i> | 7. TIME (A.M. OR P.M.)<br><i>1/14</i>   |  |
| 8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary.)<br><i>The basis of claim is failure to fully disclose liability associated with private credit endorsement by the progenitors thereof has caused damages claimant. These damages are financial residuals from time invested learning how to make demand for lawful money, suffering the negligence of the administrators of the debt as money scheme, and apparently cost of time and money.</i> |                  |  |  |   |  |
| 9. PROPERTY DAMAGE<br>NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number Street City State and Zip Code)  |                  |  |  |   |  |
| BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED<br>(See instructions on reverse side)   |                  |  |  |   |  |
| 10. PERSONAL INJURY/WRONGFUL DEATH<br>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT  |                  |  |  |   |  |
| 11. WITNESSES<br>NAME ADDRESS (Number, Street, City, State, and Zip Code)  |                  |  |  |   |  |
| 12. (See instructions on reverse) AMOUNT OF CLAIM (in dollars)   |                  |  |  |   |  |
| 12a. PROPERTY DAMAGE<br><i>1000 hours x \$200 =<br/>other \$20,000<br/>\$20,000</i>  |                  | 12b. PERSONAL INJURY   |  | 12c. WRONGFUL DEATH   |  |
|  |                  |  |  | 12d. TOTAL (Failure to specify may cause forfeiture of your rights)<br><i>\$400,000</i> |  |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.  |                  |  |  |   |  |
| 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side)<br><i>Craig Steven</i>   |                  | 13b. PHONE NUMBER OF PERSON SIGNING FORM<br><i>214 454 1344</i>  |  | 14. DATE OF SIGNATURE<br><i>4/3/18</i>  |  |
| CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM<br>The claimant is liable to the United States Government for a civil penalty of not less than \$9,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 2729)  |                  | CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS<br>Fine, Imprisonment, or both (See 18 U.S.C. 287, 1001)   |  |   |  |

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25 CFR 14.2

Karl Nelson

| CLAIM FOR DAMAGE,<br>INJURY, OR DEATH  |                  | INSTRUCTIONS: Please read carefully the instructions on the<br>reverse side and supply information requested on both sides of this<br>form. Use additional sheets if necessary. See reverse side for<br>additional instructions. |  | FORM APPROVED<br>OMB NO. 1555-0008  |  |
|--|------------------|--|--|---|--|
| 1. Submit to Appropriate Federal Agency:<br><br>Joseph M. OTTING<br>Controller of the Currency<br>400 7th St SW<br>Washington, D.C. 20219  |                  | 2. Name, address of claimant, and claimant's personal representative if any.<br>(See instructions on reverse.) Name, Street, City, State and Zip Code.<br><br>Karl Nelson  |  |   |  |
| 3. TYPE OF EMPLOYMENT<br><input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN   | 4. DATE OF BIRTH | 5. MARITAL STATUS<br>Married   | 6. DATE AND DAY OF ACCIDENT<br>02/15/2018 Thursday | 7. TIME (A.M. OR P.M.)<br>8:27 A.M.   |  |
| 8. BASIS OF CLAIM (State in detail the losses both and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and<br>the basis thereof. Use additional pages if necessary.)<br><br>After approval on 2/13/17, Citizens One (bank) reneged on our HAMP loan modification falsely claiming signed agreement not<br>received on time. NOTICE of foreclosure sale arrives 2/12/18 (legal trick) not allowing any time for response of my Retinal for<br>Cause. My Notice of Garnishment in District Court in DC is sent 2/13/18 and case placed by clerk Angela CEASAR on 2/15/18,<br>the day delivered, causing me to then file bankruptcy to save my home from being sold at auction. Additionally the clerk will not<br>Beltschich my UPS Proof of Delivery into the USDC case on PACER. These amount to racketeering and bond-jodging. |                  |  |  |   |  |
| 9. PROPERTY DAMAGE<br>NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code)<br><br>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.<br>(See instructions on reverse side.)<br><br>Economic damage as a result of federal agency delays and failure to correct Citizens One (bank) misbehavior. See attached<br>Claim 85 document.   |                  |  |  |   |  |
| 10. PERSONAL INJURY/WRONGFUL DEATH<br>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME<br>OF THE INJURED PERSON OR DECEDENT.   |                  |  |  |   |  |
| 11. WITNESSES<br>NAME ADDRESS (Number, Street, City, State, and Zip Code)<br><br>Karen C. Cubie Henck 10 Charles St. Quincy, Mass. 02169<br>David Merrill Rendon, WA   |                  |  |  |   |  |
| 12. (See Instructions on reverse.) AMOUNT OF CLAIM (\$ in dollars)<br>12a. PROPERTY DAMAGE 12b. PERSONAL INJURY 12c. WRONGFUL DEATH 12d. TOTAL (Please to specify may cause<br>137,411.40 137,411.40   |                  |  |  |   |  |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND LOSSES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN<br>FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.   |                  |  |  |   |  |
| 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)<br><br>Karl Nelson  |                  | 13b. PHONE NUMBER OF PERSON SIGNING FORM   |  | 14. DATE OF SIGNATURE<br>03/28/2018   |  |
| 15. CIVIL PENALTY FOR PRESENTING<br>FRAUDULENT CLAIM<br>This document is false to the United States Government for a civil penalty of not less than<br>\$5,000 and not more than \$50,000, plus 3 times the amount of damages involved<br>(by the Government. (See 18 U.S.C. 3729).  |                  | 16. CRIMINAL PENALTY FOR PRESENTING FRAUDULENT<br>CLAIM OR KNOWINGLY FALSE STATEMENTS<br>Fine, imprisonment, or both. (See 18 U.S.C. 357, 1001.)   |  |   |  |
| Authorized for Local Reproduction<br>Previous Edition is not Usable<br>55-103  |                  | NWS 7540-00-534-0844   |  | STANDARD FORM 95 (REV. 2007)<br>PRESCRIBED BY DEPT. OF JUSTICE<br>26 CFR 14.2 |  |

## Mark Christopher - Claim for \$0.00 USD

Case 1:18-mc-00007-LEK-DJS Document 1 Filed 04/09/18 Page 73 of 112


### Verification of Signature

I am Mark Christopher, trustee of the resultant trust MARK CHRISTOPHER BRINTON. I wish for my cause to be joindered with others of similar class filed by David Merrill in the Albany, New York case entitled similarly to:

Several Garnishments in USDC DC

v

United States

  
Respected Co-Trustee, without prejudice

NY  
26  
11/30/14  
Mark Brinton  
MUNOZ  
NATALIE MUNOZ  
PUBLIC STATE OF NEW YORK  
ID: 914U833628  
Noted in Kings County  
Notary Expires 11-30-2018

Denise Elizabeth

| CLAIM FOR DAMAGE,<br>INJURY, OR DEATH   |                  | INSTRUCTIONS: Please read carefully the instructions on the<br>reverse side and supply information requested on both sides of this<br>form. Use additional sheet(s) if necessary. See reverse side for<br>additional instructions. |                             | FORM APPROVED<br>OMB NO. 1105-0008 |  |
|---|------------------|--|-----------------------------|------------------------------------|--|
| 1. Submit to Appropriate Federal Agency:<br><b>Donald John TRUMP personal stipend</b><br><b>Steven Terer MNUCHIN personal stipend</b><br>Johnston 13 USC 531 "President Of Secretary" 12 USC<br>53a recently "Ombudsman" from the Bankers' CODE.  |                  | 2. Name, address of claimant, and claimant's personal representative if any.<br>(See instructions on reverse). Number, Street, City, State and Zip code.<br><b>Denise Elizabeth</b><br><br><b>California State</b>                 |                             |                                    |  |
| 3. TYPE OF EMPLOYMENT<br><input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN  | 4. DATE OF BIRTH | 5. MARITAL STATUS  | 6. DATE AND DAY OF ACCIDENT | 7. TIME (A.M. OR P.M.)             |  |
| 8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).<br><br>1. 2011 Lawful Money "income tax" refund owed for \$6,674<br>2. 2015 Federal Tax Lien for \$10,000.<br>3. State of CA Franchise Board Lien for \$4,618.<br><br>TOTAL \$21,292.00 actual loss claim.<br>May be awarded with intangible damages.                                |                  |  |                             |                                    |  |
| 9. PROPERTY DAMAGE<br>NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code)<br><br>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED<br>(See instructions on reverse side)   |                  |  |                             |                                    |  |
| 10. PERSONAL INJURY/WRONGFUL DEATH<br>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME<br>OF THE INJURED PERSON OR DECEDENT.<br>1. Loss of money, business opportunities, investment opportunity. Estimated \$50,000.00 intangible loss claim.<br>2. Loss of good work opportunities. Stress and sleepless nights.<br>Plus thousands of dollars loss of seeking Council, time lost on this, gas, copies, postage, especially to courts. |                  |  |                             |                                    |  |
| 11. WITNESSES<br>NAME ADDRESS (Number, Street, City, State, and Zip Code)<br><br>Grace Santacruz Employee # 15-00 AJST, IRS STOP 78181, Fresno, California.<br>STATE OF CA FRANCHISE BOARD ACC. #: 2131480285, Sacramento, California.  |                  |  |                             |                                    |  |
| 12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)<br>12a. PROPERTY DAMAGE 12b. PERSONAL INJURY 12c. WRONGFUL DEATH 12d. TOTAL (Failure to specify may cause<br>to disqualify of your rights)<br>\$71,292.00 \$71,292.00   |                  |  |                             |                                    |  |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN<br>FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.  |                  |  |                             |                                    |  |
| 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side)<br><i>Denise Elizabeth</i>  |                  | 13b. PHONE NUMBER OF PERSON SIGNING FORM   |                             | 14. DATE OF SIGNATURE<br>3/31/2018 |  |
| CIVIL PENALTY FOR PRESENTING<br>FRAUDULENT CLAIM<br><br>The claimant is liable to the United States Government for a civil penalty of not less than<br>\$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained<br>by the Government. (See 31 U.S.C. 3729)  |                  | CRIMINAL PENALTY FOR PRESENTING FRAUDULENT<br>CLAIM OR MAKING FALSE STATEMENTS<br><br>Fine, imprisonment, or both. (See 18 U.S.C. 201, 1001)   |                             |                                    |  |

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This is a new garnishment against Donald John TRUMP personally for the Claim amount, due on TRUMP by virtue he has appointed a known pretend "judge" intentionally and with malice against the United States and reflecting badly on the good faith and credit of the United States of America in the combinatorial

Comment is about Brett KAVANAUGH.

Michael Holman

| CLAIM FOR DAMAGE,<br>INJURY, OR DEATH   |                 | INSTRUCTIONS: Please read carefully the instructions on the<br>reverse side and supply information requested on both sides of this<br>form. Use additional sheets if necessary. See reverse side for<br>additional instructions. |                             | FORM APPROVED<br>OMB NO. 1105-0006       |  |
|---|-----------------|--|-----------------------------|--|--|
| 1 Submit to Appropriate Federal Agency  |                 | 2 Name, address of claimant, and claimant's personal representative if any<br>(See instructions on reverse) Number, Street, City, State and Zip code<br><i>Michael Holman</i>  |                             |  |  |
| 3 TYPE OF EMPLOYMENT<br><input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN   | 4 DATE OF BIRTH | 5 MARITAL STATUS   | 6 DATE AND CITY OF ACCIDENT | 7 TRUE (A) OR FALSE (B)                  |  |
|   |                 | <i>1/2</i>   | <i>2/1/18</i>               | <i>1/1</i>                               |  |
| 8 BASIS OF CLAIM (State in detail the facts and circumstances showing the damage, injury or death, including persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary.)<br><i>See attached claim</i>                           |                 |  |                             |  |  |
| 9 PROPERTY DAMAGE<br>NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State and Zip Code)<br><br>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE RECOVERED<br>(See instructions on reverse side) |                 |  |                             |  |  |
| 10 PERSONAL INJURY/FATAL DEATH<br>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT  |                 |  |                             |  |  |
| 11 WITNESSES<br>NAME ADDRESS (Number, Street, City, State and Zip Code)<br><br>   |                 |  |                             |  |  |
| 12 (See instructions on reverse) AMOUNT OF CLAIM (in dollars)<br>12a. PROPERTY DAMAGE 12b. PERSONAL INJURY 12c. WRONGFUL DEATH 12d. TOTAL (Sum of amounts in 12a, 12b, and 12c)<br><i>See attached claim</i><br><i>145,000.00</i>   |                 |  |                             |  |  |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND LOSSES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.   |                 |  |                             |  |  |
| 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side)<br><i>Michael Holman</i>  |                 | 13b. PHONE NUMBER OF PERSON SIGNED FOR<br><i>408-455-4477</i>  |                             | 13c. DATE OF SIGNATURE<br><i>3-28-18</i> |  |
| CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM<br><br>The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$50,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729)             |                 | CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS<br><br>Fine imprisonment, or both. (See 18 U.S.C. 287, 1001)   |                             |  |  |

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STANDARD FORM 96 (REV. 5/2007)  
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25 CFR 14.2



**Christopher Jonathan - Claim for \$40,000.00 USD**

Case 1:18-mc-00007-LEK-DJS Document 4 Filed 05/25/18 Page 1 of 7

U.S. DISTRICT COURT  
N.D. OF N.Y.  
FILED

MAY 25 2018

LAWRENCE K. BAERMAN, CLERK  
ALBANY

United States District Court for the  
District of New York - Albany  
James T. Foley U.S. Courthouse  
Suite 509; 445 Broadway  
Albany, NY 12207

Garnishments in USDC DC  
On and for the behalf of the  
UNITED STATES

[18-mc-7 *In re: David Merrill*]

**CERTIFICATE OF MAILING**

COMES NOW, Christopher Jonathon of the family STEVENSON in like ORDER and Class, as Trustee of the Resulting Trust. Demand is made for redemption of central banking currency in Lawful Money in all transactions pursuant to Title 12 USC §411 and §16 of the Federal Reserve Act. Service to the agent is service to the principal and vice versa.

Attached is sufficient evidence that my Documentation is in the custody of the Clerk of Court as of May 10th, 2018 and it has not been properly FILED and DOCKETED. This is a violation of Title 18 of the US Code not to file and publish this filing on PACER. It is noted that the position of clerk is in process of being filled - [www.tinyurl.com/BAERMANReplaced](http://www.tinyurl.com/BAERMANReplaced) - but this is unacceptable as an excuse for breaking the law. The Document in your Custody - the Refusal for Cause served shall be published with this Certificate of Mailing, immediately.

*Christopher Jonathon.*  
Christopher Jonathon - Trustee.

Redeemed Lawful Money  
Pursuant to 12 USC §411  
[www.law.cornell.edu/uscode/](http://www.law.cornell.edu/uscode/)

| CLAIM FOR DAMAGE,<br>INJURY, OR DEATH  |                                 | INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions. |   | FORM APPROVED<br>OMB NO. 1185-0005         |  |
|--|---------------------------------|---|---|--|--|
| 1. Submit to Appropriate Federal Agency:<br><b>Commonwealth of Virginia</b>  |                                 | 2. Name, address of claimant, and claimant's personal representative if any.<br>(See instructions on reverse.) Number, Street, City, State and Zip code.<br><b>Scott Robert, Hopkins</b>                                  |   |  |  |
| 3. TYPE OF EMPLOYMENT<br><input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN  | 4. DATE OF BIRTH<br><b>Both</b> | 5. MARITAL STATUS<br><b>N/A</b>   | 6. DATE AND DAY OF ACCIDENT<br><b>4/26/2016</b> | 7. TIME (A.M. OR P.M.)<br><b>N/A</b>       |  |
| 8. BASIS OF CLAIM (State in detail the injury facts and circumstances surrounding the damage, injury, or death, identifying persons and property involved, the place of occurrence and any cause thereof. Use additional pages if necessary.)<br><b>11/11/1620 under take in presence of God: to form civil body politic for better order &amp; preservation of life to: enact &amp; frame: just &amp; equal laws &amp; officers for General good. State of N.Y. exercise of ancient right in sufficient as party with Russell v Hopkins 6:15-cv-00636</b> |                                 |   |   |  |  |
| 9. PROPERTY DAMAGE<br>NAME AND ADDRESS OF OWNER IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).<br><b>Proprietary right and interest in title to lands &amp; right of review</b><br>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.<br>(See instructions on reverse side.)<br><b>in the County of Herkimer, New York the State of United States of A.</b>  |                                 |   |   |  |  |
| 10. PERSONAL INJURY/WRONGFUL DEATH<br>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.<br><b>Simulated legal process; fraud; frustrated verdict; denial of access to remedy; loss of private property rights; negligent clerk of court; unbonded public actor 1-100.</b>  |                                 |   |   |  |  |
| 11. WITNESSES<br>NAME ADDRESS (Number, Street, City, State, and Zip Code)<br><b>Carolyn Sweetman 268 Lovers Leap rd., Little Falls, Herkimer county New York 13365</b><br><b>Frank McGovern</b>  |                                 |   |   |  |  |
| 12. (See instructions on reverse.) AMOUNT OF CLAIM (in dollars)<br>12a. PROPERTY DAMAGE <b>\$ 20,000.00</b> 12b. PERSONAL INJURY <b>\$ 10,000.00</b> 12c. WRONGFUL DEATH <b>N/A</b> 12d. TOTAL (Failure to specify may cause forfeiture of your right). <b>\$ 30,000.00 USD</b><br><i>lawyer money</i>   |                                 |   |   |  |  |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.  |                                 |   |   |  |  |
| 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)<br><b>By: S. R. Hopkins (SR)</b>  |                                 | 13b. PHONE NUMBER OF PERSON SIGNING FORM  |   | 14. DATE OF SIGNATURE<br><b>05/21/2018</b> |  |
| CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM<br>The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages obtained by the Government. (See 31 U.S.C. 3729.)  |                                 | CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS<br>Fine, imprisonment, or both. (See 18 U.S.C. 257, 1001.)  |   |  |  |

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REF 7540-00-034-0045

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26 CFR 142

Rickie Eugene - Claim for \$

Case 1:18-mc-00007-LEK-DJS Document 11 Filed 06/28/18 Page 1 of 40

U.S. DISTRICT COURT  
N.D. OF N.Y.  
FILED

Case #18-mc-7 "Judge" KAHN is Recused for Fraud

JUN 28 2018

Verification of Signature

LAWRENCE K. BAERMAN, CLERK  
ALBANY

We Rickie Eugene And Eva Krystyna and I signed and filed a  
~~Garnishment Action in the United States District Court in Washington DC~~  
at Case #                     . I wish for my cause to be joinderd with others  
of similar class filed by David Merrill in the Albany, New York case entitled  
similarly to:

Several Garnishments in USDC DC

v

United States

  
Rickie Eugene Et uxore Eva Krystyna  
Redeemed Co-Trustee

A notary public or other officer completing this  
certificate verifies only the identity of the individual  
who signed the document to which this certificate  
is attached, and not the truthfulness accuracy, or  
validity of that document.

State of California  
County of Alameda

Subscribed and sworn to (or affirmed) before me on this  
16 day of June, 2018, by

Ricky E Alexander and  
Eva Krystyna Alexander

proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.

  
Notary Public



**Luis Alberto - Claim for \$300,000.00 USD**

Case 1:18-mc-00007-LEK-DJS Document 12 Filed 07/05/18 Page 23 of 29

**Case #18-mc-7 "Judge" KAHN is Recused for Fraud**

**Verification of Signature**

I am Luis Alberto and I signed and filed a Garnishment Action in the United States District Court in Washington DC at Case # \_\_\_\_\_ I wish for my cause to be joindered with others of similar class filed by David Merrill in the Albany, New York case entitled similarly to:

**Several Garnishments in USDC DC**

v

**United States**

  
Redeemed Co-Trustee

John-Paul Anthony

| CLAIM FOR DAMAGE,<br>INJURY, OR DEATH   |                  | INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheets if necessary. See reverse side for additional instructions. |  | FORM APPROVED<br>OMB NO. 1505-0080  |                       |
|---|------------------|---|--|---|-----------------------|
| 1. Submit to Appropriate Federal Agency:  |                  |   | 2. Name, address of claimant, and telephone number representative if any.<br>(See instructions on reverse). Number, Street, City, State and Zip code.<br><b>John-Paul Anthony</b><br><b>New Jersey State</b> |   |                       |
| 3. TYPE OF EMPLOYMENT<br><input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN   | 4. DATE OF BIRTH | 5. MARITAL STATUS<br><b>Married</b>   | 6. DATE AND DAY OF ACCIDENT  | 7. TIME (A.M. OR P.M.)  |                       |
| 8. BRIEF OF CLAIM (State in detail the losses felt and circumstances affecting the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary.)<br><b>1. 2017 "income tax refund" owed for \$147,807.57 from the IRS</b><br><b>2. 2017 "income tax refund" owed for \$28,702.06 from the State of NJ</b> |                  |   |  |   |                       |
| 9. PROPERTY DAMAGE<br>SPECIFY AND ADDRESS OF DAMAGE, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).<br><br>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE SUSPECTED.<br>(See instructions on reverse side).  |                  |   |  |   |                       |
| 10. PERSONAL INJURY/DEATH<br>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMED THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.   |                  |   |  |   |                       |
| 11. WITNESSES<br>NAME ADDRESS (Number, Street, City, State, and Zip Code)<br><br>   |                  |   |  |   |                       |
| 12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)<br>12a. PROPERTY DAMAGE 12b. PERSONAL INJURY 12c. UNDESIRABLE DEATH 12d. TOTAL (Failure to specify may mean forfeiture of your rights).   |                  |   |  |   |                       |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.   |                  |   |  |   |                       |
| 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  |                  |   | 13b. PHONE NUMBER OF PERSON SIGNING FORM   |   | 14. DATE OF SIGNATURE |
| CIVIL PENALTY FOR FRAUDULENT CLAIM<br>This document is false to the United States Government for a civil penalty of not less than \$1,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).   |                  |   | CRIMINAL PENALTY FOR FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS<br>Pen. imprisonment, or both. (See 18 U.S.C. 87, 1001.)  |   |                       |
| Authorized for Local Reproduction<br>Previous Edition is not Usable<br>95-108   |                  | FORM 1040-SS-034-0040   |  | STANDARD FORM 95 (REV. 2/2007)<br>PRESCRIBED BY DEPT. OF JUSTICE<br>28 CFR 14.2 |                       |

Patrick Neill - plus enforcement of lien on Julie FIELD

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| CLAIM FOR DAMAGE, INJURY, OR DEATH  |  | INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions. |   | FORM APPROVED<br>OMB NO. 1105-0003   |                        |
|---|--|---|---|--|------------------------|
| 1. Submit to Appropriate Federal Agency   |  |   | 2. Name, address of claimant, and claimant's personal representative if any (See instructions on reverse). Number, Street, City, State and Zip code |  |                        |
| 3. TYPE OF EMPLOYMENT<br><input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN   |  | 4. DATE OF BIRTH  | 5. MARITAL STATUS<br>Single   | 6. DATE AND DAY OF ACCIDENT<br>2 Cases, 17CR6545 11/2017 to present-18CR315 02/2018 to present | 7. TIME (A.M. OR P.M.) |
| 8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death. Identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). Claimant has two cases in Colorado. El Paso County Courthouse, City of Colorado Springs, Colorado case number 17CR6545; and Larimer County Courthouse, City of Fort Collins, Colorado case 18CR315. Claimant was deprived Substantial Rights by state defendants whereby notice of claim for damages was filed in-person at Larimer County Court case 18CR315 on April 25, 2018. Defendants have taken property belonging to claimant including, but not limited to, his blood without consent, under threat, duress and coercion. Defendants have made false claims and failed to rebut any counterclaims by claimant. Defendants have forced these cases without valid oaths of office. Their judicial seats are EMPTY. Claimant has exhausted state remedies via habeas corpus petition filed September 11, 2018 whereby the Colorado Supreme Court, <i>En Banc</i> , further denying Substantial Rights. Claimant was further denied future appeal by Colorado District Court, claimed "article III" judge per the Colorado Judicial Website whereby he sustained damages to claimant. Claimant was forced to stay in an unfamiliar location within America against his will while state actors performed cruel and unusual requests without having authority to do so. Claimants GROHS and FIELD were informed claimant was Claimants GROHS and FIELD do not possess authority to preside in their seats. They have no oaths. Their seats are vacant. |  |   |   |  |                        |
| 9. PROPERTY DAMAGE  |  |   |   |  |                        |
| NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code)   |  |   |   |  |                        |
| BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). Claimant had his private conveyance stolen by Larimer County Sheriff with his support canine. Claimant was forced to pay for "benefits" or face involuntary servitude.  |  |   |   |  |                        |
| 10. PERSONAL INJURY/WRONGFUL DEATH  |  |   |   |  |                        |
| STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM IF OTHER THAN CLAIMANT. STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  |  |   |   |  |                        |
| 11. WITNESSES   |  |   |   |  |                        |
| NAME  |  | ADDRESS (Number, Street, City, State, and Zip Code)   |   |  |                        |
|   |  |   |   |  |                        |
| 12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars) \$975,000.00 (TREBLE DAMAGES) Redeemed for Lawful Money   |  |   |   |  |                        |

Amanda Joy

Tenth Circuit Court - State of Minnesota NOTICE US PENDENS

Doc 33 - Page 9 of 17 is illegible on PACER

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**CLAIM FOR DAMAGE, INJURY, OR DEATH**

**INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

**FORM APPROVED**  
OMB NO. 1105-0006

1. Submit to Appropriate Federal Agency:

2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.

3. TYPE OF EMPLOYMENT  
☐ MILITARY ☒ CIVILIAN

4. DATE OF BIRTH

5. MARITAL STATUS  
Divorced

6. DATE AND DAY OF ACCIDENT  
30-JV-16-180 30-JV-17-209

7. TIME (A.M. OR P.M.)

8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death. Identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).

9. **PROPERTY DAMAGE**  
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code)  
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side)

10. **PERSONAL INJURY/WRONGFUL DEATH**  
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.

11. **WITNESSES**  
NAME ADDRESS (Number, Street, City, State, and Zip Code)

12. (See instructions on reverse). **AMOUNT OF CLAIM (in dollars)**

12a. PROPERTY DAMAGE  
\$12,000 redeemed for unlawful money plus

12b. PERSONAL INJURY  
\$15,000 redeemed for unlawful money

12c. WRONGFUL DEATH

12d. TOTAL (Failure to specify may cause forfeiture of your rights)  
\$125,000 redeemed for unlawful money

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  
[Signature]

13b. PHONE NUMBER OF PERSON SIGNING FORM

14. DATE OF SIGNATURE  
11-16-18

**CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM**  
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS**  
Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)

NSN 7540-00-434-4046

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95-109

STANDARD FORM 95 (REV. 2/2007)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2



Michael Paul

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| CLAIM FOR DAMAGE,<br>INJURY, OR DEATH  |                       |                             | INSTRUCTIONS: Please read carefully the instructions on the<br>reverse side and supply information requested on both sides of this<br>form. Use additional sheets if necessary. See reverse side for<br>additional instructions.     |                                   | FORM APPROVED<br>OMB NO. 1105-0008 |
|--|-----------------------|-----------------------------|--|-----------------------------------|------------------------------------|
| 1. Submit to Appropriate Federal Agency  |                       |                             | 2. Name, address of claimant, and claimant's personal representative if any<br>(See instructions on reverse). Number, street, city, state and zip code<br>Michael Paul of the Marshall Family<br>c/o PO Box 11814<br>Pueblo Colorado |                                   |                                    |
| 3. TYPE OF EMPLOYMENT<br><input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN  | 4. DATE OF BIRTH<br>1 | 5. MARITAL STATUS<br>Single | 6. DATE AND DAY OF ACCIDENT<br>12-22-2017  | 7. TIME (A.M. OR P.M.)<br>1773727 |                                    |
| 8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death; identifying persons and property involved; the dates of occurrence, and the cause thereof. Use additional pages if necessary.)<br><br>With fraud, perjury, and many other unlawful actions, Pueblo Police officer Alex Hovet, under Color of Law detained me from traveling, searched and arrested me and then searched my private automobile, eventually releasing me and lying to contract with me by use of a "detention" to which I signed under duress, including writing under duress on the citation. Alex Hovet then tore up the citation and threw the upper portion in my automobile. PUEBLO COUNTY DISTRICT ATTORNEY Jeffery Chastner then created a Constructive Trust with case number 17173727 without a lawful contract. PUEBLO COUNTY COUNTY COURT administrator David Lee Lobato has been assigned a Trustee.<br><br>9. PROPERTY DAMAGE<br>NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT Number, Street, City, State and Zip Code:<br><br>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED<br>(See instructions on reverse side)<br>My flesh and blood daughter has been kept from me, other than one hour supervised visits, once a week since summer of 2017 and for a couple of months with the same time restrictions in mid 2016. I have also been kept from attending any school functions by the petitioner.<br><br>10. PERSONAL INJURY/WRONGFUL DEATH<br>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.<br>Trustee David Lee Lobato has fraudulently claimed that I didn't appear for the first hearing, issuing a warrant for my arrest for which I was arrested and spent numerous hours in the Pueblo County Jail before bond was paid by my daughter's grandfather James Frank. David Lee Lobato fraudulently waived my Right to Speedy Trial and has threatened me with incarceration and fines pursuant to a contempt citation if I refused to participate in his private jury trial on January 8, 2019.<br><br>11. WITNESSES<br>NAME ADDRESS (Number, Street, City, State and Zip Code)<br><br>12. (See instructions on reverse.) AMOUNT OF CLAIM (in dollars)<br>12a. PROPERTY DAMAGE 12b. PERSONAL INJURY 12c. WRONGFUL DEATH 12d. TOTAL (Failure to specify may cause forfeiture of your rights)<br>\$50,000 redeemed for lawful money \$125,000 redeemed for lawful money \$175,000 redeemed for lawful money<br><br>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.<br><br>13a. SIGNATURE OF CLAIMANT (See instructions on reverse side)<br>13b. PHONE NUMBER OF PERSON SIGNING FORM (719) 415-5862 14. DATE OF SIGNATURE 12-16-2018<br><br>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM<br>The claimant is liable to the United States Government for a civil penalty of not less than \$10,000 and not more than \$15,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729)<br>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS<br>False Information or Oath (See 18 U.S.C. 201, 1001)<br><br>Authorized for Local Reproduction<br>Previous Edition is not Usable<br>NSN 7540-00-434-4046<br>STANDARD FORM 95 (REV. 2/2007)<br>PRESCRIBED BY DEPT. OF JUSTICE<br>2A-CFR 14.2<br>G5 120 |                       |                             |  |                                   |                                    |



Steven Walter

| <b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>   |                      | <b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.  |   | <b>FORM APPROVED</b><br>OMB NO. 1105-0008 |  |
|---|----------------------|---|---|---|--|
| 1. Submit to Appropriate Federal Agency   |                      | 2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse) Number, Street, City, State and Zip code.<br>hossner, steven walter, sole grantor, sole beneficiary of the STEVEN WALTER HOSSNER estate, one of "we the people", the posterity.<br>General post office delivery, Ravensdale washington |   |   |  |
| 3. TYPE OF EMPLOYMENT<br><input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN  | 4. DATE OF BIRTH     | 5. MARITAL STATUS<br>Married  | 6. DATE AND DAY OF ACCIDENT<br>01/30/2018 Tuesday                   | 7. TIME (A.M. OR P.M.)<br>2:08 PM         |  |
| 8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary.)<br><br>king county, A POLITICAL SUBDIVISION OF THE STATE OF WASHINGTON, and KING COUNTY DEPARTMENT OF PERMITTING AND ENVIRONMENTAL REVIEW's business and finance manager Kim Simpson committed perjury and filed a claim of lien under color of law against my private property on basis of hearsay of coworkers, Sheryl Lux who issued a fraudulent bill of attainder and Holly Sawin and David Bond who by criminal trespass, espionage, and conspiracy violated my rights enumerated in the constitution for the united States of America. these actors intent is my involuntary servitude. |                      |   |   |   |  |
| 9. <b>PROPERTY DAMAGE</b><br>NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code):<br><br>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED (See instructions on reverse side).   |                      |   |   |   |  |
| 10. <b>PERSONAL INJURY/WRONGFUL DEATH</b><br>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.<br>Four years of State terrorism, multiple acts of criminal trespass, extortion, threats of violence and armed robbery, wilful disregard for my rights, constant harassment, violation of rights under color of law, filing of false claims and perjury under oath, conspiracy to restrict my rights to life, freedom, property and the pursuit of my happiness.   |                      |   |   |   |  |
| 11. <b>WITNESSES</b>  |                      |   |   |   |  |
| NAME  |                      | ADDRESS (Number, Street, City, State, and Zip Code)   |   |   |  |
| burt, mark richard<br>langenstien, timothy patrick  |                      | 1689 SE 11TH ST GRESHAM OR 97080<br>general post office, Ravensdale Washington  |   |   |  |
| 12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)  |                      |   |   |   |  |
| 12a. PROPERTY DAMAGE  | 12b. PERSONAL INJURY | 12c. WRONGFUL DEATH   | 12d. TOTAL (Failure to specify may cause forfeiture of your rights) |   |  |
|   | 11,700.00            |   | 11,700.00   |   |  |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.   |                      |   |   |   |  |
| 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side)<br>hossner, steven walter   |                      | 13b. PHONE NUMBER OF PERSON SIGNING FORM<br>503-522-2778  |   | 14. DATE OF SIGNATURE<br>4-14-2019        |  |
| <b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b><br><br>The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729)  |                      | <b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b><br><br>Fine, imprisonment, or both (See 18 U.S.C. 287, 1001)   |   |   |  |

Kelly Lynn is undergoing recent harassment through C-15 Letters.

|   |                                |  |   |  |  |
|---|--------------------------------|--|---|--|--|
| <b>CLAIM FOR DAMAGE,<br/>INJURY, OR DEATH</b>   |                                | <b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions. |   | <b>FORM APPROVED<br/>OMB NO. 1105-0008</b> |  |
| 1. Submit to Appropriate Federal Agency:  |                                |  | 2. Name, address of claimant, and claimant's personal representative if any.<br>(See instructions on reverse). Number, Street, City, State and Zip code.<br><br>Kelly Alexander |  |  |
| 3. TYPE OF EMPLOYMENT<br><input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN   | 4. DATE OF BIRTH<br>04/16/1960 | 5. MARITAL STATUS<br>Married   | 6. DATE AND DAY OF ACCIDENT   | 7. TIME (A.M. OR P.M.)                     |  |
| 8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).<br><br>Failure or refusal to abide by 12USC411 - redemption of lawful money claimed on tax return for 2018 in amount of \$347 (and possibly other tax returns from tax years 2014, 2015, 2016, 2017 and into the future) Legal determination made without identifying any specific prohibited position, without hearing or administrative review, paper terrorism via threats of extortion of \$10,000 causing undue duress, stress, nightmares, insomnia. |                                |  |   |  |  |
| 9. <b>PROPERTY DAMAGE</b><br>NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).<br><br>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.<br>(See instructions on reverse side).   |                                |  |   |  |  |
| 10. <b>PERSONAL INJURY/WRONGFUL DEATH</b><br>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  |                                |  |   |  |  |
| 11. <b>WITNESSES</b>  |                                |  |   |  |  |
| NAME  |                                | ADDRESS (Number, Street, City, State, and Zip Code)  |   |  |  |
|   |                                |  |   |  |  |
| 12. (See instructions on reverse). <b>AMOUNT OF CLAIM (in dollars)</b>  |                                |  |   |  |  |
| 12a. PROPERTY DAMAGE<br><br>0.00  | 12b. PERSONAL INJURY           | 12c. WRONGFUL DEATH  | 12d. TOTAL (Failure to specify may cause forfeiture of your rights).<br><br>\$ 347  |  |  |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.   |                                |  |   |  |  |
| 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).<br><br>   |                                |  | 13b. PHONE NUMBER OF PERSON SIGNING FORM<br>   | 14. DATE OF SIGNATURE<br>09/27/2019        |  |
| CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM<br><br>The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).  |                                |  | CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS<br><br>Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)                                      |  |  |

|  |                      |  |  |  |  |
|--|----------------------|--|--|--|--|
| <b>CLAIM FOR DAMAGE,<br/>INJURY, OR DEATH</b>  |                      | <b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions. |  | FORM APPROVED<br>OMB NO. 1105-0008   |  |
| 1. Submit to Appropriate Federal Agency:   |                      |  | 2. Name, address of claimant, and claimant's personal representative if any (See instructions on reverse). Number, Street, City, State and Zip code:<br><i>Leith Suzanne</i> |  |  |
| 3. TYPE OF EMPLOYMENT<br><input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN   | 4. DATE OF BIRTH     | 5. MARITAL STATUS  | 6. DATE AND DAY OF ACCIDENT  | 7. TIME (A.M. OR P.M.)   |  |
| 8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary.)<br><i>Time, at \$400/hour, to research, recognize, and document demand for Lawful Money pursuant to 12 USC 411; en toto 40hrs @ \$400/hr = \$16,000</i> |                      |  |  |  |  |
| 9. <b>PROPERTY DAMAGE</b><br>NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code)<br><br>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED (See instructions on reverse side)  |                      |  |  |  |  |
| 10. <b>PERSONAL INJURY/WRONGFUL DEATH</b><br>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT  |                      |  |  |  |  |
| 11. <b>WITNESSES</b><br>NAME ADDRESS (Number, Street, City, State, and Zip Code)   |                      |  |  |  |  |
| 12. (See instructions on reverse) <b>AMOUNT OF CLAIM (in dollars)</b>  |                      |  |  |  |  |
| 12a. PROPERTY DAMAGE<br><i>\$16,000</i>  | 12b. PERSONAL INJURY | 12c. WRONGFUL DEATH  | 12d. TOTAL (Failure to specify may cause forfeiture of your rights).   |  |  |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.  |                      |  |  |  |  |
| 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side) <i>Suzanne Leith</i>   |                      |  | 13b. PHONE NUMBER OF PERSON SIGNING FORM   | 14. DATE OF SIGNATURE<br><i>9/25/19</i>  |  |
| CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM<br><small>The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729)</small>   |                      |  | CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS<br><small>Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)</small>                        |  |  |
| Authorized for Local Reproduction<br>Previous Edition is not Usable<br>95-100  |                      | NSN 7540-00-834-4048   |  | STANDARD FORM 96 (REV. 2/2007)<br>PRESCRIBED BY DEPT. OF JUSTICE<br>28 CFR 142 |  |

Thomas Edward - Claim of \$

Case 1:18-mc-00007-LEK-DJS Document 85 Filed 10/15/19 Page 3 of 58

Case #18-mc-7 "Judge" KAHN is Recused for Fraud

Verification of Signature

I am Thomas Edward and I signed and filed a Garnishment Action in the United States District Court in Washington DC at Case #                     . I wish for my cause to be joindered with others of similar class filed by David Merrill in the Albany, New York case entitled similarly to:

Several Garnishments in USDC DC

v

United States

Thomas Edward  
Redeemed Co-Trustee

X Alex Tracy  
Notary Public

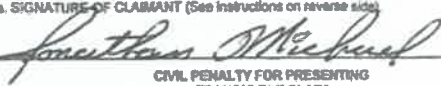


Verified by the Maryland Secretary of State online:

|        |       |       |                |                |
|--------|-------|-------|----------------|----------------|
| AID    | FNAME | LNAME | County         | ExpirationDate |
| 245522 | Alex  | Tracy | Harford County | 3/5/2023 15:44 |

|  |                     |  |   |   |  |
|--|---------------------|--|---|---|--|
| <b>CLAIM FOR DAMAGE,<br/>INJURY, OR DEATH</b>  |                     | <b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions. |   | <b>FORM APPROVED</b><br>OMB NO 1105-0008  |  |
| 1 Submit to Appropriate Federal Agency   |                     |  | 2 Name, address of claimant, and claimant's personal representative if any<br>(See instructions on reverse) Number, Street, City, State and Zip code<br><b>John Pace'</b> |   |  |
| 3 TYPE OF EMPLOYMENT<br><input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN  | 4 DATE OF BIRTH     | 5 MARITAL STATUS   | 6 DATE AND DAY OF ACCIDENT  | 7 TIME (A.M. OR P.M.)                     |  |
| 8 BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary)   |                     |  |   |   |  |
| 9 <b>PROPERTY DAMAGE</b><br>NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code)<br><br>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED<br>(See instructions on reverse side). |                     |  |   |   |  |
| 10 <b>PERSONAL INJURY/WRONGFUL DEATH</b><br>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT  |                     |  |   |   |  |
| 11 <b>WITNESSES</b>  |                     |  |   |   |  |
| NAME   |                     | ADDRESS (Number, Street, City, State, and Zip Code)  |   |   |  |
|  |                     |  |   |   |  |
| 12 (See instructions on reverse) <b>AMOUNT OF CLAIM (in dollars)</b>   |                     |  |   |   |  |
| 12a PROPERTY DAMAGE  | 12b PERSONAL INJURY | 12c WRONGFUL DEATH   | 12d TOTAL (Failure to specify may cause forfeiture of your rights)<br><b>\$0</b>  |   |  |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.  |                     |  |   |   |  |
| 13a SIGNATURE OF CLAIMANT (See instructions on reverse side)<br>RECEIVED LA 10/31/19<br>Pursuant to 12 USC 5411<br><i>John Pace'</i>   |                     |  | 13b PHONE NUMBER OF PERSON SIGNING FORM   | 14 DATE OF SIGNATURE<br><b>10/31/2019</b> |  |
| <b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b><br>The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729)                   |                     |  | <b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b><br>Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001)                              |   |  |

Jonathan Dean

| CLAIM FOR DAMAGE,<br>INJURY, OR DEATH  |                       | INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.              |  | FORM APPROVED<br>OMB NO. 1105-0008  |  |
|--|-----------------------|--|--|---|--|
| 1. Submit to Appropriate Federal Agency:   |                       | 2. Name, address of claimant, and claimant's personal representative if any.<br>(See instructions on reverse) Number, Street, City, State and Zip code:<br>Jonathan Micheal<br>118 Victory Road, #134<br>Springfield, New Jersey 07081 |  |   |  |
| 3. TYPE OF EMPLOYMENT<br><input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN  | 4. DATE OF BIRTH<br>J | 5. MARITAL STATUS<br>Single  | 6. DATE AND DAY OF ACCIDENT  | 7. TIME (A.M. OR P.M.)  |  |
| 8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary)  |                       |  |  |   |  |
| 9. PROPERTY DAMAGE<br>NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).<br><br>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.<br>(See instructions on reverse side). |                       |  |  |   |  |
| 10. PERSONAL INJURY/WRONGFUL DEATH<br>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  |                       |  |  |   |  |
| 11. WITNESSES<br>NAME ADDRESS (Number, Street, City, State, and Zip Code)  |                       |  |  |   |  |
| 12. (See instructions on reverse) AMOUNT OF CLAIM (in dollars)   |                       |  |  |   |  |
| 12a. PROPERTY DAMAGE   | 12b. PERSONAL INJURY  | 12c. WRONGFUL DEATH  | 12d. TOTAL (Failure to specify may cause forfeiture of your rights). |   |  |
|  | 0.00                  |  | 0.00   |   |  |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.  |                       |  |  |   |  |
| 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side)  |                       | 13b. PHONE NUMBER OF PERSON SIGNING FORM   |  | 14. DATE OF SIGNATURE   |  |
|   |                       |  |  |   |  |
| CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM<br><br>The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).                 |                       | CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS<br><br>Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)   |  |   |  |
| Authorized for Local Reproduction<br>Previous Edition is not Usable<br>55-109  |                       | NSN 7540-00-634-4046   |  | STANDARD FORM 85 (REV. 2/2007)<br>PRESCRIBED BY DEPT. OF JUSTICE<br>28 CFR 14.2 |  |

## **ADDRESSES**

Longino Idrogo